

EVERY Child

Australia's premier national early childhood magazine

VOL.12 NO. 2 2006

Food allergy in children

Who is eating our children?

Gnome-tracking vs. the sceptics

Gender effects of school uniforms

What do kids think about their bodies?





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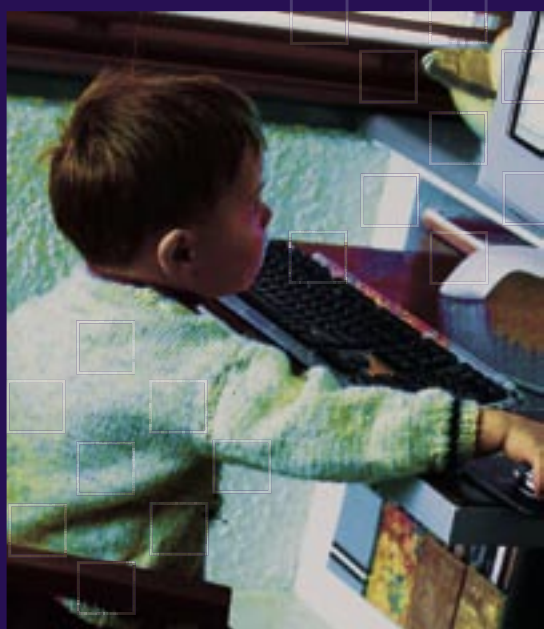
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Early Childhood Australia sincerely regrets the use of a photo in The Organic House advertisement in *Every Child* Vol. 12, No. 1 without the correct permission. We apologise to the child and family involved for this unauthorised use.

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Alison Elliott, Carmel Richardson,
Jenni Connor and Marilyn Fleer.

In-house Editor: Julian Fleetwood

Graphic Designer: Kate Brennan

Publishing and Marketing Manager: Sue Wales

Publishing and Marketing Officer: Dave Kingwell

Marketing Assistant: Alana van Meurs

Cover Photograph: Andrew Sikorski

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Address correspondence and advertising queries to:

The Publishing and Marketing Section
PO Box 7105 Watson ACT 2602
Tel: (02) 6242 1800 Fax: (02) 6242 1818
Email: publishing@earlychildhood.org.au
Website: www.earlychildhoodaustralia.org.au

About Early Childhood Australia:

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Challenges ahead for universal preschool

Recent calls for comprehensive preschool education for all children in the year before school have been widely welcomed and supported. Internationally, there is overwhelming agreement that the early years shape later social and academic outcomes and that young children require rich, nurturing learning opportunities to optimise social and intellectual development.

Calls for universal preschool are especially timely because recent evidence shows that educational disadvantage is established early in life and the significant socio-economically linked learning gaps at school entry are difficult to close without targeted early interventions.

Improving early developmental outcomes for children in economically disadvantaged communities is largely dependent on the quality of early childhood programs, along with parenting support. To date, access and affordability are continuing problems in Australia and quality is variable.

The link between quality and outcomes is now clear. Evidence demonstrates that experiences and pedagogy impact on children's wellbeing and development, and that early childhood practitioners have a central role in promoting quality experiences and environments for young children. However, the clear connections between staff competence and outcomes for children have not yet been reflected in improved preparation for practitioners, course accreditation or more nationally consistent curricula or learning programs.

Should universal preschool in the year before school become a reality, this is likely to change.

However, while good early childhood education can help close early developmental

gaps it should not have to shoulder the entire weight of deeply entrenched societal problems that impact on young children's early development.

As former head of the OECD's education sector Professor Barry McGaw said recently, 'ignoring inequities in the education system has enormous implications for the future workforce'.

Everyone must share responsibility for building a just and equitable education system. Strong programs are needed to boost learning in the preschool years, but if developmental gaps exist at school entry they must be closed with targeted interventions. Blaming preschools or hiding behind deficit theories won't solve problems. Successful education is a joint family, community, school and government responsibility.

The current interest in strengthening family capacity and optimising early learning requires a strong and united public commitment to universal integrated approaches to care and education.

Early childhood programs must capitalise on the diversity of children's backgrounds and experiences. Simultaneously they must strengthen social and cognitive outcomes to facilitate smooth transitions to school and build strong foundations for school learning.

And here is a problem: nationally, there is no agreement about what learning experiences and outcomes could and should be expected, what a 'preschool' curriculum might look like and about ways children's learning and development should be monitored and reported. Continuity of experience and information sharing between preschools or child care centres and schools are rare.

The quest for universal education programs in the year before school signals the need to boost professional preparation for early childhood educators. As preschool education requires degree-qualified early childhood educators, university training

capacity must be expanded. For the last decade or so, universities have fought to maintain strong, specialist early childhood degrees but they struggle to attract places and students in the face of competition from 'sexier' courses.

Young people are spoilt for choice when it comes to careers. The low pay, low status and shift work in child care is hardly a drawcard. There will need to be real incentives to lure graduates to the many new positions that will be created if universal preschool education goes ahead.

Nationally, early childhood care and education is in need of an 'overhaul' and any plans for comprehensive preschool provision must be in light of families' needs for child 'care' and 'education', and what we already have that works well.

But, even if there is a preschool place for every child, children cannot reach their full potential unless they are healthy. Good nutrition and exercise are central to healthy, happy children. Yet, an apparent epidemic of overweight, undernourished and sedentary children is threatening both the ability to learn and longer-term health. Active healthy children become active healthy teenagers and adults. Physically and mentally healthy children want to learn and have the energy needed for positive engagement with learning.

Helping children become healthier means working in partnership with their families to promote healthy eating, physical activity and safe homes and communities. In this issue of *Every Child* we raise a host of issues around healthy environments for children. Some of the ideas will readily translate to practice; others relate more to policy. What is important for all children, is that we as parents and early childhood practitioners model healthy eating, lifestyles and activity patterns.

Alison Elliott

Editor
Every Child

Letters to the Editor

Every Child readers are invited to respond to articles published in the magazine. Publishing a diversity of opinions (which are not necessarily those of Early Childhood Australia) provides a forum which promotes professional growth, creativity and debate in the early childhood field. By encouraging letters, we would like to build a community around *Every Child*, where readers are involved and engaged. *Every Child* is for you—so let us know what you think!

Please send your letters, marked '*Every Child*' to either: PO Box 7105 Watson ACT 2602 or publishing@earlychildhood.org.au

In this letter, early childhood student Luke Donnelly discusses the value of *Every Child* as a resource, particularly the article 'Learning literacy with everyday texts', published in Vol. 11, No. 4, 2005:

26 April 2006

Dear *Every Child*,

I am a third year undergraduate studying my early childhood degree at the University of Canberra. When commencing my studies I found it difficult to source relevant, current and Australian resources on early childhood education. I attended an annual meeting for the ACT division of ECA and was introduced to *Every Child* magazine. I recently used an article to assist in taking an early childhood perspective on differentiated curriculum. I have also found *Every Child* to be valuable for analysing my own practices within the preschool environment. For instance, I am currently working on a folder of everyday texts with the children; this was inspired by the article 'Learning literacy with everyday texts'. I look forward to future editions of *Every Child* in order to enhance my studies, better my practice and improve my overall knowledge of the early childhood profession.

Yours sincerely,

Luke Donnelly

Congratulations to Holli Tonyan, Luke Donnelly and Angela Freeman who each win a Lee-Beau oven guard, valued between \$110 and \$150!

Every Child giveaway

This month, in keeping with our theme of 'healthy children', Early Childhood Australia is delighted to offer our readers six prize-packs containing Coles Cares Healthy Lunchboxes and Nourish Whole Kids organic snacks.

Win

Each prize includes:

- A Décor Coles Cares Healthy Lunchbox, Harold Growth Chart and Fridge Magnet.
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Every Child: Have your say

In order to win a pack all you have to do is submit a letter to the editor, voicing your opinion about the latest *Every Child* or any other issue facing the early childhood field. Your name will be placed into a random draw. Entries will be accepted until COB July 14. The best letters will be published in upcoming issues of *Every Child* and winners announced in our next issue.

In response to an article published in *Every Child*, Vol. 12, No. 1, 2006, Holli Tonyan writes:

24 April 2006

Congratulations to *Every Child* for publishing your piece on signing among young children! At the very end of her article, Ms. Teitzel suggests that signing 'has great potential to strengthen relationships in early childhood through improved communication.' I wholeheartedly agree and point to my own research into mother-infant interaction around distress as part of how young children learn to regulate their emotions. In addition to the many benefits listed in Tania Teitzel's article, my own research suggests that communicating information in non-verbal ways (including gestures and signs) can set up a cycle of supportive interaction around children's distress. This helps mothers feel more comfortable responding to their children's distress which, in turn, helps both to find adaptive ways to cope with distress. Despite the fact that this article was published under the heading 'Parents' Page', I hope that early childhood professionals as well as parents will consider the ways in which recognising and honouring gestures and other forms of non-verbal communication can not only help children learn to communicate, but also facilitates interactions and relationships overall.

Holli Tonyan

Lecturer, Early Childhood Education, Monash University

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Australia's greatest challenge

Respected journalist and filmmaker Jeff McMullen discusses his work with Ian Thorpe and his Fountain for Youth Trust, to help in the treatment of Australia's sick children.

This year about 10,000 Indigenous children will be born in Australia. These are the Children of the First Sunrise, descendants of the world's oldest continuous culture. Our greatest challenge is to see that every one of them has the same opportunity for a long and healthy life as all other Australian children.

When I think of how my own girl and boy came into this world, with all the expert health care for mother and child from pregnancy through infancy, I am struck by the contrast with the conditions so many Indigenous mothers and children are forced to endure.

It is true that in the 1960s, as I started out as a reporter, some things were beginning to improve. Water was connected and health services began to reach many remote Aboriginal settlements. By the 1970s, infant mortality among Indigenous babies had dropped rapidly. But did you know that since then there has only been a very slight improvement?

The infant mortality rate is still two-and-a-half times the rate of deaths among white infants. Indigenous children are born into deep disadvantage and many will die that way, their adult lives cut short by about 20 years, due to illnesses that are preventable and treatable.

In the heartland of our country there is a plague of chronic illness, a new Black Death, scything through several generations of Australian citizens. 'Syndrome X' the doctors call it. This cluster of illnesses—

diabetes, end-state renal disease, strokes, hypertension and heart disease—is cutting the heart out of Indigenous culture.

In most of the remote communities, at 58, I am usually the oldest man in the street. I see a regular procession of Aboriginal funerals and almost constant grieving.

'How can this be?' Ian Thorpe asked, while accompanying me to the Northern Territory and witnessing some of the poorest and sickest children. After the Sydney Olympics, Ian set up his Fountain for Youth Trust to try to improve health and nutrition for all Australian children. In the remote communities he saw infants who were stunted and malnourished, and countless others who could not hear him. After listening to the Aboriginal elders, Ian asked, 'What can we do to help?' They replied that we must begin by asking our nation to face the truth. Indigenous children are now facing their gravest health threat since the arrival of European-borne diseases over two centuries ago.

he first dangerous misconception we must dispel is that this plague of chronic illnesses cutting short the lives of Aboriginal children is the result of a 'weak gene', or some other variation of that convenient excuse for us failing to deal with a genuine health emergency. Thirty years ago as I filmed in the USA I heard many claim that the diabetes and kidney disease among Native Americans and African Americans was 'genetic'. The truth is far more provocative.

Professor John Bertram, one of the leaders of an outstanding research team from Monash University, the Menzies School of Health Research in the Northern Territory and the University of Mississippi, says that there is a tantalising common link among many people who have died of the Syndrome X illnesses: dangerously low birth-weight.

Malnourished young mothers in a poor state of health, whether white, black or Native American, are giving birth to babies whose kidneys are programmed for failure. In utero, the kidneys develop too few



nephrons—the organ's filters—and then have to overcompensate, leading to scarring and life-threatening disease.

In Australia, Indigenous mothers are giving birth to dangerously low birth-weight babies at double our national average. Here is the key to dealing with Syndrome X.

While Australia exports food to the world, we have hunger here in the heartland. I watch children wandering out of school looking for a bit of damper to fill their rumbling stomachs. Damper, made from big, ration-sized sacks of flour and plastic barrels of sugar, is the staple many survive on.

As Noel Pearson has said in a challenge to this whole nation, 'The rights of our children can only be achieved in practice if they can sleep peacefully with a full stomach at night.'

I believe that the key to improving health at the community level is education that empowers Aboriginal children to make healthy choices.

Doctors tell me that every extra year of education for a young teenage mother may add up to four years to the life expectancy of her child. Ken Wyatt, of NSW Aboriginal Health, adds that every year of education can reduce the risk of that young mother losing her first baby by 7–10 per cent.

In this sense, literacy can mean life for Aboriginal children. Close the gap in learning and we will begin to close the gap in life expectancy.

Jeff McMullen

Honorary CEO
Ian Thorpe's Fountain for Youth Trust

Who is eating our children?

Fast-food sponsorship in schools



'McDonald's knows what kids like.' A child interviewed for my book *Consuming children* made this remark. But when it comes to food, why do children like what they like, eat what they eat? Where does their taste for fat, salt and sugar come from? Why is fast/junk/off-the-shelf food often more attractive to them than slow and healthy food?

Much of the public fuss about chubby children (the so-called 'obesity epidemic') blames families and their eating habits. Education about healthy eating and living is evoked as the way to tackle the problem. The responsibility for producing active, healthy young eaters is shifted to parents and educators.

But who is really responsible for the problem and its solution? Who is getting fat at the expense of children? Fast-food chains such as McDonald's, KFC, Hungry Jack's and Pizza Hut, and the companies that produce chips, lollies, soft-drinks and sugar-filled breakfast cereals do not 'know what kids like'—rather they seek to teach them what to like; what to enjoy; what to associate with eating pleasure.

Stand in any supermarket aisle—particularly in the lolly, chips or cereals sections—and note how shelf after shelf is filled with enticing and colourful products, packets and labels relentlessly demanding a child's attention. Witness a child's 'pester power' at work and how frequently the weary parent will succumb, even after sustained resistance. Or spend some time watching TV programs for children and observe the pulling power of entertaining and flashy food commercials creating links between 'fake' foods and the fun of eating.

Ask yourself who is winning the family food wars? Health conscious parents and teachers or the advertising industry acting in the service of corporate gluttony? Certainly not those producers targeting parents: those companies who are seeking to find a niche for healthy food in the market.

What has this to do with school sponsorship?

Demanding children's attention and getting it are not necessarily the same thing. As consumer markets become ever more saturated with diverse products, it becomes increasingly difficult to gain the sort of attention necessary for sustained brand loyalty from either children or parents. The market mantra of choice can backfire in an overloaded attention economy. So corporations have, for some time, been looking for environments that do not suffer from excess choice, advertising glut and logo overload. Schools and preschools are just such environments.

But of course schools and preschools are largely about education, not advertising or entertainment. Or are they? As public money for education declines, educational institutions have, in certain ways, put themselves on the market. Many cash-strapped organisations now welcome corporate sponsors—especially if the product can cover itself with an educational gloss, such as sponsoring a reading competition. Indeed, it seems that an educational gloss can transform a corporate glutton into a corporate citizen—supporting a community's children. As many parents find themselves increasingly out of pocket for their children's education, such corporate 'top ups' may not be viewed as intrusive. Further, parents prefer children's products to have an educational gloss. So what is the problem? Surely everyone is happy?

Who wins?

What happens if McDonald's, for instance, sponsors school sports prizes? If health education materials are provided by Kellogg's or if canteens do a deal with Coke? How do schools and preschools educate children about healthy eating and living in the face of such contradictions? Can the school bite the hand that feeds it, and, if so, would sponsorship be withdrawn?

What can we do?

How about health warnings? Why are such warnings fine for tobacco but not for other products that potentially damage health, particularly the health of the young? How about getting children to develop their own health warnings? Or what about schools, or even the government, levying a 'tubby tax' on those corporations who seek to use educational glosses to promote unhealthy products? After all, children's tummies are big business—and fat children mean fat profits.

Professor Jane Kenway

Faculty of Education
Monash University

Reference

Kenway, J., & Bullen, E. (2001). *Consuming children: Education-entertainment-advertising*. Buckingham: Open University Press.



Active children in care



With the recent publicity surrounding the 'obesity epidemic' health crisis, the issue of children's physical activity in home and care environments is a pertinent one. A quick scan of the literature will tell us that almost a quarter of Australian children are either overweight or obese with the proportion of people deemed morbidly obese, doubling in the past six years.

It is important to note that while there is broad medical evidence to support growing obesity figures, the extent to which this amounts to a 'crisis' is still being debated—largely due to differing views on the reliability of Body Mass Index as a measure. This debate is principally irrelevant to the obligation of carers to provide physical activity opportunities to children in care. Even if no obesity crisis existed we should still focus on gross motor activity as a fundamental part of development.

Rethinking the problem and solution

Many have targeted individual behaviour as the problem in obesity, but such a complex social phenomenon requires more than simply decreasing the time children spend engaging with technology or programming them with a bit of physical activity. Evidence has shown that children who are above-average users of technology can also be very physically active. We also know that childhood physical activity patterns do not track well into adulthood and so it is unlikely that programmed bouts of meaningless mechanical exercise will create a lifetime of good exercise habits.

Callisthenics, jogging laps of an oval, push ups, star jumps or exercises that are done solely for the purpose of fitness provide little educative value: children need reasons to be active beyond physical health—whether this forms part of play (an active game of hide and seek) or gaining a sense of mastery over their environment (learning to control a basketball). Children also prefer intermittent activity that is often high intensity but punctuated with periods of rest.

Perhaps it is time to take the focus off physical activity as a cure for a medical crisis and begin viewing it as an essential and normal ingredient of every child's development. Children, especially, are not motivated by the need to prevent coronary heart disease in later life and do not engage in physical activity for the same reasons that adults do.



Getting the right amount and type of movement

Guidelines for children aged birth to five years focus on fostering enjoyment of physical activity, and encouraging significant others such as parents and carers to help children become confident and competent movers (NASPE, 2002). Australian guidelines advocate at least 60 minutes, and up to several hours, of activity every day with no more than two hours of electronic media exposure, particularly during daylight hours (Department of Health and Ageing, 2006).

The types of activities that should be encouraged for young children centre on the theme of variety. Something as simple as encouraging children to play outside results in a significant increase in the amount of moderate to vigorous physical activity.

Self-directed play is very beneficial but, if left to their own devices, children tend to ignore some important movement skills. Investigations into care environments (Schiller & Broadhurst, 2002; Taggart & Keegan, 1997) found objects for throwing, catching, striking and kicking (e.g. balls and bats) are not generally provided in places of care—and in many cases are discouraged. An adult presence can influence the play patterns of pre-primary children during outdoor play and both parents and carers should offer a mixture of adult-facilitated experiences as well as child-initiated activities.

Constraining issues: Our findings

Research into physical activity in home-based childcare settings, conducted by Vivienne Temple and myself (2005), revealed a confluence of constraining factors to physical activity. While coordination staff, carers and parents were very supportive of physical activity provision for children in care, the extent to which this was occurring was perceived to be quite variable. There was very little support for programmed or structured physical activity programs among carers, potentially limiting children's exposure to a wide variety of motor skill opportunities (Taggart & Keegan, 1997).

The environment also played a significant role, with physical features such as undercover outdoor space, access to suitable playgrounds, or rules for indoor play restricting activity to a minimum. Carers also mentioned that children would often arrive in clothing and footwear unsuitable for physical activity, making it difficult to facilitate movement. The diversity of children in care placed restriction on activities, with infants having different needs to the older children. Regulations controlling equipment and excursions were also seen as constraints.

Recommendations

Overwhelmingly, carers in both family day care and childcare centres spoke of a need for support, training and provision of resources to help them acquire the confidence and competence to enhance physical activity opportunities for children in care. Simple strategies, such as modifying play experiences or making equipment that expands opportunities to move in constrained environments should be included as part of training and professional development of carers.

Justen O'Connor

Monash University

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NASPE Council on Physical Education for Children. (2004). *Physical Activity for Children: A Statement of Guidelines for Children Ages 5–12*. USA: Author.

O'Connor, J., & Temple, V. (2005). Constraints and facilitators for physical activity in family day care. *Australian Journal of Early Childhood*, 30(4), 1–9.

Schiller, W., & Broadhurst, D. (2002). *Early childhood survey on physical activity (draft report)*. Adelaide: Department of Education and Children's Services.

Taggart, A., & Keegan, L. (1997). Developing fundamental movement skills in outdoor settings: Three case studies of children playing. *The ACHPER Healthy Lifestyles Journal*, 44(4), 11–17.

An activity resource designed for the care environment

Healthy opportunities for preschoolers:

www.educ.uvic.ca/faculty/temple/vtstd/HOP/Frameset.htm



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What do kids think about their bodies?

Laurel Bornholt and Cassandra Graham discuss the development of children's positive self-concepts about their bodies.

Recent reports in the press and current research projects have focused attention on children's diet and wellbeing—and we are keen to ensure that children have a healthy start to life.

In our recent research project, we asked four- to eight-year-old children what they think and feel about their bodies. This is an interesting and sometimes strange task for children: in the words of Carla, aged six, 'My body is me.'

The topics covered 10 common activities that are important to children's learning and health, thoughts and feelings about the body, as well as reading, movement, making friends and other skills and abilities.

For educators in early childhood there are two major outcomes from the project:

1. Thoughts and feelings about the body are part of what prompts children to participate in the activities that grow healthy bodies.
2. These thoughts and feelings about the body are early indicators of pathways to children's mental health and wellbeing.

Children's thoughts and feelings about their bodies

Profiles show that young children typically have strong body self-concepts and quite positive feelings. There were few negative feelings such as feeling a 'bit worried': these tend to be fleeting for most children. It is clear that thoughts and feelings about the body vary among individual children—yet there are no systematic variations with age and gender, or even with body size and shape!

These responses tell us what young children are experiencing: the good news is that children are typically accepting of diverse body shapes and sizes. In other words, children's healthy self-concepts about the body do not necessarily reflect actual height and weight—even standardised Body Mass Index that accounts for children's rapid physical development. Young children have quite complex

self-knowledge and can typically develop healthy self-concepts and report positive feelings about the body.

Why develop healthy thoughts and feelings about the body?

Thoughts and feelings about the body are useful to educators. Long-standing research tells us that foundations for mental and physical health are set in the early years, with consequences later in life. This project shows us that there are specific links between self-concepts and feelings about the body, and children's positive moods—as well as their participation in healthy activities.

What can we do to help children develop positive thoughts and feelings?

- Let kids talk about their bodies and listen to their experiences. This gives us better ideas about their feelings. Our comments can encourage children to think about changes over time and across activities, and to acknowledge their unique characteristics. Forget about role-models!
- It is important to acknowledge and support children in expressing their feelings about their experiences—positive as well as negative. Remember that feelings are fleeting by nature. In rare cases, we need to sensitively monitor for persistent negative feelings and seek professional care.
- Developing a sense of belonging socially also aids the flexible thinking required for healthy self-concepts about the body. The strategies we use in talking about school work also apply here. Encourage children to think of themselves as individuals, in addition to possessing the remarkable similarities and interesting, useful and important physical variations among people.

What to do when children have serious persistent concerns?

For educational advice, parents can contact the school counsellor at their local school. To contact a psychologist, call 1800 333 497 or go to the Australian Psychological Society website referral service: www.psychology.org.au and look for the 'Find a Psychologist' button.

Dr Laurel Bornholt

University of Sydney

Cassandra Graham

University of Sydney

Further reading

Dr Bornholt developed the ASK-KIDS Inventory for Children to measure a diverse set of physical, cognitive and social activities. The inventory is designed for use by social workers, psychologists and health researchers and is available at the ACER online shop: www.acer.edu.au

Bornholt, L. J. (2005). *ASK-KIDS Self Concept Inventory. Test and Test Manual*. Melbourne: ACER Press.

Gender effects of school uniforms

It is my experience as a mother, a teacher and a gender researcher that limiting the choices available to individuals based on whether they happen to be born male or female is common practice. Let's not assume it's commonsense. The conditions of a society and the condition of individuals within that society are not mutually exclusive. School uniforms are one of the many symbols of institutionalised gender difference and gender inequality—in our society, in ourselves and in our interpersonal relationships.

I came to adulthood when the gender effects of school uniforms and other common practices were often debated, and diversity espoused as a virtue. In this false state of security I had optimistically thought that, by the turn of the century, boys and girls would be wearing identical school uniforms. As a child I often heard that 'clothes maketh the man'. It was obvious they also make the woman. Consumerism invests heavily in packaging its products and differentiating one from the other, especially feminine from masculine. It is with all this in mind that I accepted the invitation to write this article on the gender effects of school uniforms.



not being like a girl—not sitting still, not listening, not having neat handwriting, not liking reading, not caring for others, not doing what adults ask you to do. Boys are vastly over-represented in classes for children presenting difficulties with behaviour, literacy and other areas of learning.

Parents and teachers make decisions for children. The choices and enabling limits we create for them help shape their view of themselves, of the world around them, their place in that world and their ability to imagine what's possible.

Carlie was looking forward to the eisteddfod. Her class would be singing three songs. Each afternoon she excitedly reported the progress of rehearsals. Then one afternoon she came in looking very glum. I said 'Eisteddfod tomorrow!' with enthusiasm, expecting to cheer her up. 'I'm not going,' came her dejected reply. I was stunned. 'Why not?' 'Mrs Smith says I have to wear a dress.' Carlie had never worn the school dress. She had always opted to wear the dark-blue shorts and light-blue polo shirt that was the alternative girls school uniform. Boys had no alternative but to wear grey shorts with a grey button-down shirt.

Carlie did go to the eisteddfod. I explained that the class would be judged on their appearance as well as their performance. She continued to refuse to wear the dress and went to bed sadly resigned to missing out. When she descended the stairs next morning in her dark blue shorts and pale blue shirt, I suggested to this brave-faced seven-year-old that we could go to the school clothing pool to buy grey shorts and a grey shirt so she would look just like the boys. She was ecstatic.

Limiting participation

Making it compulsory for girls to wear dresses to school inhibits their spontaneous participation in a range of health-promoting activities—running, jumping, bending, stretching, climbing and even simply sitting cross-legged on the floor. These activities not only promote physical health but also feelings of competence and confidence. Despite wearing a dress, some girls do engage in these activities. Sometimes all girls are required to participate. A dress means they are likely to do so reluctantly and self-consciously.

Shaping behaviour

Standard school dress codes restrict girls' access to spaces and activities open to and dominated by boys. It is also the case that routine practices of gender differentiation adversely affect boys. Brought up in this social milieu, boys learn that to be a boy means

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School of Education
James Cook University

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Gnome-tracking vs. the sceptics:

Experiential education and the early childhood setting

Using a gnome-tracking expedition by way of illustration, Phillip Payne applies his imaginative flair to explain the concept of experiential education—a term that encompasses the crucially important elements of play, exploration, discovery and imagination that are the building blocks for physical and emotional wellbeing.

Inspirations

The image is etched in my mind: a large group of eight- and nine-year-olds feverishly tracking gnomes at Limeburner's Point in Eastern Park (Geelong) on Corio Bay in 1978. I have vivid recollections of children running from tree to tree or crawling under a bush while looking for clues about a Garden Gnome's secret hiding spot, and girls and boys excitedly whispering information during their lunchtime gnome-feast about some gnomes 'not far away' (for a list of the gnomes found, see Box 1).

Only a handful of adults have seen a gnome because most are disbelievers. Many parents and teachers feel there are far more important things to do than track gnomes, or even tell and read stories about them. Gnomes of all varieties, says Robert Ingpen (1979; 1980), dislike cynicism—so they avoid most adults and increasingly, it seems, younger children. This occurs predominantly to children who preoccupy themselves with more pressing matters such as electronic games, the internet, reality TV, fashions, music and sports stars, gadgets, icons and other forms of entertainment.

Most impressive to me—then a young, second-year teacher with an emerging philosophy of education and views about early childhood development—was the sheer power of the eight- and nine-year olds' interest, delight, curiosity, participation and creativity in the gnome experience. The benefits were physical, emotional and intellectual,

and included the spin-off advantages of follow-up work in reading, writing, spelling, social studies, health and physical education (see Boxes 2 and 3). The gnome experience, plus other teaching strategies I experimented with in the less-restricted pedagogical spaces of the 1970s, catapulted me into the field of experiential education, a vital but poorly-understood educational legacy of John Dewey.

Box 2: Follow-up activity—literacy

Following the gnome-tracking expedition, the children arranged in alphabetical order new words like 'eucalyptus', 'expedition', 'feast' and 'foreshore'. This became the spelling list for the following days and weeks. The children used these words in sentences and stories they wanted to (re)tell friends in other classes. Obviously, word had quickly passed around the playground about the fun of the expedition.

Characterising experiential education

Sadly, despite constant reference in the education literature to the term 'experience', the idea of educative experience is relatively unknown to parents, let alone debated in schools or by academics. This is despite the chorus of calls for innovation, authenticity and excellence in education. Meanwhile, politicians and health professionals express great concern about the declining health status of Australian children. Obesity and mental health issues regularly appear in the headlines. In short, the self-evident values of experiential learning, such as extended, regular and playful exploration of open spaces, remain hidden. There are numerous reasons for this 'lack' which cannot be explained here.

Box 1: Our gnome-tracking explorers encountered the following gnomes:

Name	Traits
Metro(g)nome	Likes to shake the leaves of gum trees rhythmically as the breeze passes through the branches.
Forest Gnome	Likes to drink overnight dew from curled-up eucalyptus leaves for breakfast.
Marram Gnome	Has an angry disposition; for example, derives pleasure from catapulting sand from grass fronds into children's faces (adults aren't pursued as most are disbelievers).
Foreshore Gnome	The most cunning member of the gnome species. Found predominately on sand dunes. Foreshore gnomes have been caught reversing the patterns on the soles of their boots to avoid any predators or overly-inquisitive school children.



Box 3: Follow-up activity—geography

The original hairy Peruvian gnomes who landed in the Poppykettle at Indented Head (Geelong) and their Gaucho (Argentina), European Garden, Beijing (China) and Boccerini (Italy) friends provided a very useful introduction to examining maps, and talking and drawing about different countries, peoples and cultures. To find out more about the Poppykettle voyage visit www.poppykettle.co.uk/popstory.html.

Dewey (1938/1988, p. 31) called for educators to first frame, and second, adopt, an 'intelligent theory of experience'. How might educators, child carers and academics revisit that task?

The gnome experience provided a novel focus over many weeks of schooling. It provoked the imagination and curiosity of most children. It reconnected the classical separations schools too often foster, such as:

- mind and body
- passive and active
- cognitive and affective
- control and freedom
- indoor and outdoor
- individual and social (and/or natural).

If the latter of each of the above pairs is invisible in our thinking, then the gnome experience is useful in responding to Dewey's challenge. The children actively explored an environment (relatively natural, in this case) as an individual and social form of discovery in playful response to a puzzling situation (the possible existence of gnomes in a nearby park). Their discovery was perceptual, sensory and intellectual; incorporating imagination, physical movement, use of all senses, wonder, intrigue, curiosity, awe, adventure, uncertainty and confusion—including the temporary suspension of a sense of self, time and place. The children's healthy exploration and creative discovery was also social and relational, incorporating a great deal of physical interaction and verbal communication.

Challenges for education

A major challenge is the abundance of learning, teaching and child development theories which serve to confuse rather than clarify. At the moment, as you will know, there are inescapable pressures to lay the groundwork for physically active, healthy lifestyle development. Early childhood educators already understand the importance of play, both indoor and outdoor. Yet there are massive risks and dangers. Educators in all sectors, including universities, must be equipped with theory and research, not just anecdotal evidence, about what children productively do if they are to defend that which they seek to promote.

In experiential education the active, physical body and an individual's thinking are immersed in and engaged by the 'real' content matter, or focus, of inquiry. The body isn't merely a spectator or passive recipient of that which is to be learned. Direct, grounded, raw and concrete experiences contrast with the second-hand or vicarious experiences of knowledge written into text or imaged on to computers, reality TV, mobile phones and iPods. Experiential education does share affinities with new theories or pedagogical strategies—such as situated learning, contextual understanding, problem-based learning, reflective practice and authentic assessment—as long as there is a strong presence of the acting, sensing, perceiving and 'doing' body.

Parents, early childhood educators and carers, coaches and health professionals have a potentially significant role in restoring a balanced or ecological approach to how young children develop. Learning through physical, intellectual, emotional and imaginative means—like the gnome experience—needs to be rediscovered and re-explored.

Dr Phillip Payne is an Associate Professor in the Faculty of Education at Monash University. His teaching and research interests lie in the application of experiential education to environmental, sport, health, outdoor recreation and sustainability education.

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Preparing children for positive sporting experiences

Sport is an important part of Australian culture and is highly valued by many children. Approximately 50 per cent of Australian children participate in organised sport. The most popular sports for boys are soccer, swimming and Australian Rules and the most popular for girls are netball, swimming and tennis. It is well established that children's early experiences in sport can have a lasting influence on their enjoyment and participation in a range of physical activities throughout their lives. Similarly, involvement in sport has many benefits for children including improved physical, cognitive, emotional and social development. However, it is unwise to assume all children will have positive sporting experiences. This article focuses on those factors that can impact on the likelihood of a rewarding and enjoyable sporting experience for children.

Importance of early education

While preschool-age children only have a limited set of movement skills, they do have the capacity to develop knowledge and understanding about, through and in movement. Movement facilitates creative thinking, problem-solving and motor-skill abilities. Early movement experiences can contribute substantially to children's physical development and also impact significantly on emotional, cognitive and social development.

While the first two years of life are characterised by rudimentary movement

skills such as sitting, crawling and standing, early childhood (two to seven years) is associated with the fundamental movement stage of motor development. Early childhood sees the beginning of the development of fundamental movement skills such as running, skipping, throwing, catching etc. These skills can be gradually refined and more specialised sport skills develop thereafter.

Importance of fundamental movement skills

Fundamental movement skills proficiency is a prerequisite to successful participation and enjoyment of sport throughout life. There is compelling evidence which highlights fundamental movement skill competency as a major reason for children wanting to be involved in sports, and lack of competency as a major reason for dropping out or avoiding sport altogether. Children who lack motor skills are also less confident in their ability to play with other children. Ultimately, unskilled children are more likely to experience the physical and psychosocial consequences of physical inactivity.

It is incorrect to assume that children naturally develop motor skills as they grow. Contrary to common belief, fundamental movement skills are not acquired and refined without appropriate instruction and opportunities to practise. If children's movement experiences only consist of supervised play, the acquisition of motor skills may be left to chance. Children need to be provided with opportunities to develop

fundamental movement skills to be able to participate in a full spectrum of physical activities and sports. As such, quality daily movement or physical education programs in early childhood settings are extremely important.

Why do children play sport?

Research has demonstrated that children play sport to make friends, have fun, and to learn and perform motor skills. These intrinsic motivators are more important to children than extrinsic motivators such as winning trophies or pleasing others. It has even been shown that extrinsic motivation can ultimately decrease intrinsic motivation. Sport is generally considered by children as a way of building friendships, improving their motor skills and becoming fit.

Risks of sports injuries

There are many benefits of involvement in sport, including the development of key motor and social skills, improved health and self-esteem. However, children's participation in sport is not without its concerns and parents, teachers and coaches need to carefully monitor children's involvement. Sporting injuries can occur and may result from collisions, incorrect landings, poor training techniques and overuse. However, research has demonstrated that 50 to 70 per cent of sport injuries are preventable. Despite the fact that children do get injured in sport, it must be emphasised that children's sport is relatively safe and the benefits far outweigh the risks.



Tips to encourage safe sports

- Ensure children are wearing appropriate protective gear.
- Mouthguards should be worn for all contact sports. A dentist can provide a professional fitting.
- Knee, elbow and wrist guards should be worn for all sports that include a risk of falling, such as rollerblading, skateboarding and riding scooters.
- Shin pads should be worn for such sports as hockey, softball and cricket where injuries to the front of the lower leg are common.
- Make sure children thoroughly warm-up and cool-down.
- Match children for sports according to their skill level, size, and physical and emotional maturity.
- Make sure children know how to play the sport before putting them out on the field.
- Ensure children drink plenty of fluids during and after the game.

Source: Medibank Private

Perils of competition

The Australian Sports Commission endorses junior sport for ages five to seventeen. However, introducing a five-year-old to the same sporting involvement of a seventeen-year-old is inappropriate and potentially damaging. It is important to note that recent research has also indicated that early competition does not increase a child's likelihood of becoming an elite performer in adult sports. Many factors must be considered before children should play sport including their physical development, motor skill ability, cognitive and emotional maturation, and the type of sport chosen.

As a general rule, movement experiences before the age of seven should focus on fun and enjoyment rather than competition—otherwise more skilled children succeed while others are at risk of dropping out. Psychological stress for children can also result when too much emphasis is placed on competition. Unfortunately, many children endure harsh experiences such as being picked last or making little contribution in games. Coaching and teaching which focuses on winning can lead to increased stress and decreased enjoyment. Children need to be taught to develop a positive attitude to competition by understanding that some aspects of competition are out of their control. If they can evaluate their performance based on individual efforts and improvement—rather than winning and losing outcomes—they are more likely to persist in sport.

It has been found that children primarily rely on feedback and reinforcement from significant adults when judging their competency in sport. Adult behaviours are often sources of anxiety for children because of perceived demands, unrealistic expectations and negative judgments. A quality sporting environment is one in which a child is able to succeed and is encouraged to personally improve. This can lead to higher levels of enjoyment and greater perceived competence. Additionally, children will more likely want to experience physical activities and try different sports. The introduction of modified sports in Australia (with specialised equipment, playing fields, rules etc.) caters for the specific needs and abilities of young children and reduces injury concerns. There are now over 40 different modified sports for children in Australia.

Conclusion

Early childhood educators should implement movement programs that allow the development of age-appropriate motor skills and a range of enjoyable movement activities. Children need to be taught the skills required for sports before playing, as they are at an age where they will develop future habits. Ultimately, the right to be active and play sport should be acknowledged as an essential element of education for all Australian children.

Dr Philip Morgan

School of Education
University of Newcastle

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Healthy eating at the tuckshop

Nutritious food is important for optimal health, development and growth. Early eating patterns are not only the most powerful for life, but also the most difficult to change. Sydney University Professor Jennie Brand-Miller said that school tuckshops have an obligation to lead by example, to show children the difference between ‘everyday’ foods and ‘indulgence’ foods, and to offer appealing, healthy foods at a reasonable price.

(www.parentsjury.org.au; www.nutritionaustralia.org)

Smart Choices for smarter eating

The Queensland Government has developed a strategy, called Smart Choices, to influence the food and drinks available to children through school canteens and at school events. The school environment is the ideal place to promote healthy eating to children (Queensland Health, 1997). The Smart Choices guidelines stipulate that school tuckshops must sell mostly healthy, fresh foods, low in salt and fat. The Australian Dietary Guidelines for Children and Adolescents were used as the basis for which foods are allowed to be sold at school tuckshops.

Selections

Smart Choices provides schools with a food and drink selector that categorises each food as green, amber or red according to its nutritional value.

- Green foods are rich in nutrients, low in saturated fat and sugar, and help to avoid excessive kilojoule intake.
- Amber foods are processed foods that may have salt, sugar or fat added to them. They often have some nutritional value, usually have only moderate amounts of saturated fat and sugar, but in large serving sizes can still contribute excess energy to children's diets.
- Red food items are high in saturated fat, sugar and excess kilojoules; they lack adequate nutritional value and can contribute to tooth decay.

Smart Choices should work, because it:

- is realistic about children's food selection criteria
- outlines techniques to increase the appeal and amount of green foods through novel and innovative presentation: for example, adding extra salad and lean meat to a popular choice such as a burger
- identifies serving size as important
- provides clear guidelines for serve size that are outlined to canteen staff in the Smart Choices strategy
- incorporates nutrition education into the school curriculum to reinforce the choices available at the tuckshop
- teaches children life skills in healthy food selection.

	GREEN	AMBER	RED	
Food Type:	Wholegrain breads Cereals Rice Pasta Noodles Fresh frute and vegetables Canned and dried fruits Legumes Reduced fat dairy product Lean meats Unsalted nuts	Mainly processed foods with some suger salt or fat added: Full fat dairy, savoury commercial products Processed meats Margarine, mayonnaise and oil Sauces and gravy Snack food bars Cakes, muffins and sweet biscuits Ice-creams Fruit juices, sports water Full-fat milk and soy drinks	Hot and deep fried foods: Wedges Chips Hash browns Scallops Potato gems All hot foods are assessed per 100g.	Snack foods and drinks: Soft drinks Energy and sport drinks All lollies Crisps Choc-coated and premium ice-creams Croissants Doughnuts Cream-filled buns and cakes Sweet pastries Snack foods are assessed per serve.
Frequency:	Provide these foods at every opportunity. For example, add at least one salad vegetable to all sandwiches, rolls and burgers.	Should not dominate the menu at the expense of healthier choices.	Any foods from this category may only be available twice per term. This includes the tuckshop, vending machines, fundraising, camps, classroom rewards, sports days etc.	

When asked about the new green, amber and red tuckshop categories, some children's responses included:

'I like salads, salad wraps and sushi.'

'I think there is too much junk food in tuckshops.'

'Tuckshops should have more healthy food.'

One boy stated that he doubted that the new system would work, citing the example of a fellow student obtaining a salad roll ordered by a parent and then asking to exchange it for a meat pie. The canteen staff obliged!

A limitation of the Smart Choices strategy is that it requires an understanding of nutrition information panels and the variation between serving sizes listed on these panels.

Looking to the future

Overall, the strategy offers sound principles which will definitely enhance the eating habits of children using school canteens and will be mandatory in all school canteens as of January 2007. Queensland Health recognises that this may be new information for many canteen staff and has developed a free downloadable presentation for use in schools to assist canteen staff to understand the theory behind the Smart Choices strategy. For further information please visit

<http://education.qld.gov.au/schools/healthy/food-drink-strategy.html>

Libby McBride

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Michelle Ortlipp is an early childhood lecturer at Charles Sturt University. She was the recent recipient of the Early Childhood Australia Doctoral Thesis Award—presented at the Biennial National Conference in Brisbane.

Interview with Michelle Ortlipp

Can you tell us a little bit about yourself?

I'm a lecturer in the Bachelor of Education (Early Childhood) in the Murray School of Education at Charles Sturt University in Albury/Wodonga. I was a student at the State College of Victoria, Institute of Early Childhood Development and graduated with a Diploma of Teaching in 1978. I taught in kindergartens/preschools in Victoria for 12 years and much of this was part-time while I tried to balance work and family. In 1991, I began teaching child care studies students at Wodonga Institute of TAFE. Several years later, in 1999, I took up a lecturing position at Charles Sturt University teaching subjects that prepare students for professional experience in early childhood settings (birth to five years). Recently, after seven years of part-time study, I completed a PhD.

What do you remember most about your teaching/studying/researching experiences?

I remember how nervous I was submitting my first assignment when I enrolled (for the third time) in a BEd. I hadn't studied for 16 years and I was filled with apprehension waiting for the assignment to be returned. To my surprise, I did exceptionally well. After 16 years of professional experience and parenting, I found that I actually had something to say, and that my experience in early childhood education was valuable, even though the focus of the degree was adult education.

What are some interesting little-known facts about yourself which you can tell us?

As a teenager in the 1970s I did a lot of babysitting. I 'loved' babies and little children and I decided that I would be a mothercraft nurse. My teachers tried hard to talk me out of this career, stating that I would be wasting my academic potential in such a lowly occupation! However, I was determined

to work with children and I transferred my career aspirations to kindergarten teaching. Now, almost 30 years on, I hardly recognise myself as the rather romantic young woman who wanted to be a kindergarten teacher because I loved little children. I have learnt that more is required to work well with young children than loving children.

What are some of the obstacles you've encountered in your life so far?

The way others understand early childhood education, and the need, therefore, to constantly justify the importance of what I do, has been an obstacle encountered throughout my professional life. Since completing my PhD, one of the key challenges for me has been to stop feeling like an imposter when I say, 'What I've found through my research is ...' When I completed my initial teacher training, research was not something ordinary people like me engaged in. The notion of early childhood professionals as researchers is still not part of the early childhood education culture.

Why are you involved in the child care profession? How does your choice of thesis topic reflect this?

I believe that high quality care and education for all children is the equaliser in an inequitable world. My doctoral thesis reflects my commitment to quality because it explores how tertiary supervisors (those supervising TAFE and/or university early childhood students during the practicum) understand and practise practicum assessment. Assessment of the practicum plays a dual role: helping students to improve their practice and ensuring that appropriate standards for entry to the profession are maintained. Quality care and education depends greatly on the quality of staff working in early childhood services. The assessment of preservice early childhood professionals plays a role in ensuring future early childhood staff are of high quality.

Have you had any strong mentors in your life?

Denise O'Brien is a colleague who has played an important mentoring role in my professional life for over 20 years. I first worked with Denise when she was the kindergarten teacher in a small rural town. Ten years later, we worked together as teachers at Wodonga Institute of TAFE in the child care studies department. Denise encouraged me to apply for my first full-time teaching position and made it seem possible. She said, 'Go on, you can do it. Driving from Mt Beauty to Wodonga every day won't be a problem'. Denise was instrumental in my successful return to study for my BEd in 1994. It was her interest and genuine delight in my achievements that inspired me to go further in this area. The importance and impact of a genuine mentor—who can see potential and ability that you yourself can't; make suggestions; and tell you that you can do it—can't be underestimated.

What have been some of your most worthwhile moments?

One that stands out was a situation with an experienced parent who had been very uncertain about my approach, particularly the fact that I wanted the children to call me 'Michelle', rather than 'Mrs Ortlipp'. This parent had spent much of the year 'checking me out' by putting herself on the morning tea roster every week. I was very aware that I was being judged. At the end of the year, on the last day of kindergarten, she hugged me and said her son had been privileged to have me as a teacher.

In relation to my study, it is the recognition of family, friends and colleagues and their delight in my achievements that has produced my most worthwhile moments. Whilst being presented with the Early Childhood Australia Doctoral Thesis Award at the conference in Brisbane was a memorable moment, it was being sought out afterwards and enthusiastically congratulated by a group of early childhood practitioners from Albury/Wodonga that made it a worthwhile moment.

What do you see as some of the great things happening in early childhood at the moment?

In my work as an academic, I see a growing interest in early childhood staff to further

their qualifications. There is also a growing willingness in many of these individuals to engage with new ideas—often challenging the very foundations of their initial preparation for work in the early childhood field. I see excitement in being faced with multiple and often contradictory ways of understanding early childhood teaching and learning, and a sense that, despite the challenges this produces, these early childhood professionals are willingly taking up the freedom and the burden of making difficult choices and decisions.

What vision do you have for early childhood education?

In articulating my vision I risk repeating what many others have said before me. In my vision, all those working in the early childhood field, in whatever capacity, will have an understanding and appreciation of, and respect for, what each other does. Having worked in TAFE and university preparing early childhood professionals, I want to see an end to the division between care and education. My vision for early childhood care and education is a world in which capable, intelligent individuals are eager to embark on a career in early childhood because it is highly regarded and well paid. High school teachers won't discourage the most able in pursuing such a career. No longer will I hear comments like, 'Oh well, she's not highly academic but she could teach in a preschool'.



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Catching a moment to move with young children

Children are built to move. Their love of moving—and their instinctive capacity to crawl, run like the wind, bound, climb countless trees, or just giggle infectiously due to the invigorating power of moving—is contagious. In fact, children in their early years are more active than at any other time in their lives.

Alarming statistics

The World Health Organization has reported that childhood obesity is at epidemic levels in some regions. Worldwide there are an estimated 22 million children under the age of five identified as being overweight. Children's Body Mass Index (BMI)—used to determine if people are at a healthy weight, overweight or obese—is increasing by 0.8 per cent a year. Despite being the land of wide open plains and blue skies, Australia isn't exempt from these statistics. With 30 per cent of Australian children having low fitness levels, and 60 per cent having moderate to poor motor skills (Timperio, Salmon & Ball, 2004), clearly the issue of childhood obesity and fitness crosses all boundaries.

Contributing factors

There are many aspects in the twenty-first century that contribute to childhood obesity and lack of fitness. These include smaller backyards, society's preoccupation with food, lack of time, overscheduled children, sedentary lifestyles, negative attitudes to exercise, larger food-portion sizes, an absence of breastfeeding and society's insatiable appetite for over-processed foods. It is not one single factor but a collection of contributing lifestyle-related factors which contributes to these alarming statistics.

A collective solution

Alongside families and the global community, early childhood services and schools need to take shared responsibility for finding a



Massage

A wonderful opportunity to move with young children is through the vehicle of massage. Much has been written about infant massage, with most outlining the benefits for bonding and attachment, digestion and relaxation (Heath & Bainbridge, 2004). However, there are three other huge benefits of infant massage: brain stimulation, supporting movement and motor development. Massage can be easily integrated into daily routines—after a bath or nappy change, at sleep time, and at play time. Massage is a great opportunity for 'catching a moment to move'. Massage can promote a child's body awareness, contribute to the toning of muscle, increase flexibility and connect mind with body movements.

solution—and should do so in a creative and collective way. Clearly, a multi-pronged approach is required to address the health and fitness of our society, and in particular that of our young children. We all need to accept some of the responsibility for addressing this serious and global issue.

Catching a moment to move

There is compelling evidence that suggests that children who live active and healthy lives are more likely to reach their full potential and have a greater chance of being active and healthy adults. One significant way to address this problem is to be proactive in finding opportunities to move with young children: 'catching a moment to move'.

What we need to do is find moments in a busy day to move and have fun—whether it is at home, in child care centres, in kindergartens or at school. It is about making the most of every spare minute and finding clever ways of maximising these times as opportunities to move, and for children to get in and out of movement before they

Dancing

Dancing is a great way to move with young children. During the day, put on some funky music with a great beat and move with infants and toddlers. To dance physically with infants, especially if they are too young to move on their own, is a great way for children to develop a sense of beat and rhythm and, most of all, an association of moving with fun. A moving session doesn't have to last long and can be done several times a day. If you are in a room with older children at the same time, encourage them to dance as well. If you are having fun, it will definitely be contagious. You could also incorporate ribbon sticks or instruments with older babies.

know it's even exercise! The philosophy behind 'catching a moment to move' emphasises the interconnectedness of children's physical development and the need to integrate fun movement experiences into children's daily lives.

There are many reasons why infant movement experiences are more important than for any other age group of children. Not only are early moving experiences the key to optimum brain development, but many infants in modern times are 'containerised'—being often confined to cots, highchairs, prams and car seats (Pica, 2000; 2004). Add to this that in many early childhood services—because of room size and the number of children in care, which impacts on the amount of time carers are able to spend with each individual child—many children may not be getting the movement they require, or have the space to move freely. For this reason, it is important to add moments of movement into a young child's day.

Although long-term strategies are essential for addressing childhood obesity and health, our children need our support now. And our efforts should be holistic in addressing these issues. Developing a love of movement and creating non-threatening environments which support movement contribute to this strategy. Part of the solution should really be about making the most of every spare minute of the day and finding clever ways of maximising these times as opportunities to move! So get up and 'catch a moment' soon!

Alice Brown

Faculty of Education
University of Southern Queensland
Email: browna@usq.edu.au

Nappy aerobics

'Nappy aerobics' (moving with very young children, birth–two years) is another wonderful way to support infant and young toddler movement. The change table offers a great opportunity for 'catching a moment to move' in a child's day. After changing the infant (preferably while the child is free from restrictive clothing) carers can strengthen muscles for crawling and walking while the baby is lying on her or his back. Moving with young children, as well as strengthening the muscles in the legs, can be achieved by performing bicycle movements (gently moving legs like riding a bicycle); bending knees and gently straightening and lengthening infants' legs; and also flexing feet and toes. To improve and support stability, and strengthen the body, gently roll the child over on one side and then the other by holding the torso and shoulders. Ensure that you never force any of these movements. These experiences should be pleasurable and fun moments for you and the infant.

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Experiences in movement: Birth to age eight



Rae Pica

Thomson (2004)

Available from Early Childhood Australia for \$81.95 (inc. p&h)
1800 356 900 (freecall)

This is the third edition of *Experiences in movement* by Rae Pica. A movement specialist for 20 years, Pica has presented two earlier volumes focusing on children aged two to eight years. This latest edition offers additional resources for early childhood practitioners who work with infants. Like the earlier editions, this volume primarily focuses on incorporating movement activities into the early childhood curriculum.

It is divided into four parts:

- detailing the basics of movement education
- planning for movement and music
- facilitating movement experiences
- using movement experiences to enrich other curricula areas.

Chapters are structured around movement theory and many examples and suggestions for incorporating movement into the daily program are discussed throughout. A list of key terms at the beginning of each chapter orientates the reader to chapter content and a follow-up list of key points at the end of the chapter serves as a useful review of ideas covered. In addition, there are several 'assignment' questions at the conclusion of each chapter, inviting readers to undertake their own small research projects.

Written and published in the United States, this book is replete with references to the National Association for the Education of Young Children. As such, it has a focus on Developmentally Appropriate Practice which, amongst other things, assumes that there are universally recognisable and predictable sequences in all learning domains and therefore 'appropriate' ways to address these. For those who work within a sociocultural framework, this may feel artificial and, now, somewhat dated. However, in these current times when childhood obesity rates are increasing and activity levels falling, it is important that early childhood practitioners are aware of the importance of movement experiences within the curriculum—and also supported to plan thoughtful sessions in which children can further extend their movement abilities and develop their sense of physical wellbeing.

Carmel Richardson

Wiradjuri Preschool Childcare Centre

The blue day book for kids: A lesson in cheering yourself up



Bradley Trevor Greive

Random House Australia (2005)

RRP \$19.95 (hardback)

I'm not usually into sentimental books that use gimmicky photos and emotive words but I was drawn by this one. After checking it out and reading it in three different bookshops, I finally purchased the book.

I thought the book would be a good starting point for talking with children. As I'm not working with young children, I found some teachers to ask their advice. They loved the book and asked me to come along to one of their sessions to try it with the children.

As it happened on the day I arrived with book in hand, one of the children in the group was feeling miserable. Here was the perfect opportunity for me to try out the book. By the time I was halfway through, whatever was bothering the child was completely forgotten. We were surrounded by half the group who were all anxious to share their stories of grumpiness and cheering yourself up. It was a great sharing time and something that can be repeated a number of times with different age groups.

The book is beautifully illustrated—black and white photographs of animals capture the essence of the script and cannot help but bring a smile to even the grumpiest person. Greive certainly has the gift and patience for capturing animals in just the right position to illustrate his points.

This is a book I highly recommend, and not only for children—maybe it could sit out on the coffee table so even adults can cheer up.

Lyn Bower

St Francis' Theological College

The little crooked house



Margaret Wild

Illustrations by Jonathan Bentley
ABC Books (2006)
RRP \$27.95 (hardback)

The little crooked house is the second recent collaboration between Margaret Wild and Jonathan Bentley. The book opens with a traditional rendition of the nursery rhyme, before recasting it into an adventure story.

Margaret Wild is able to maintain an internal coherence between these two different genres. The device of repetitive motifs creates a natural rhythm to the characters' journey through different landscapes. These motifs have the added appeal of inviting the reader and audience into the telling of the story as they follow the characters on their adventure.

I like the way Margaret Wild begins with a famous nursery rhyme and turns it into a story. It is all about a man and a cat and a mouse who live together in a crooked house. But there is one problem—the house is near a railway track, so when the train goes past it shakes the little crooked house. They decide to move to a desert, but the shifting sands make them move to a river, but it floods whenever it rains, so they move again to the city, where they finally find happiness living around people. Jonathan Bentley is a great illustrator. His pictures really suit the book and bring the characters to life.

Laura Marshall (age 8)

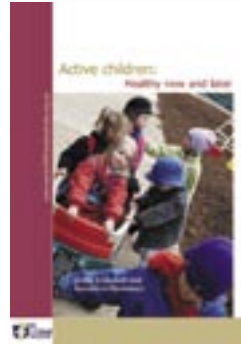
The harsh reality of the varied settings forces the man, cat, mouse and house to continually search for new homes and the storyline is resolved when they find peace and happiness in a vacant lot of an urban neighbourhood.

Jonathan Bentley's bright, lively illustrations bring added energy to the storyline and draw you into the character's journey. This book would appeal to children in early childhood and the early years of school settings.

Jane Page

Centre for Equity and Innovation in Early Childhood
Faculty of Education
University of Melbourne

Active children: Healthy now and later



Linley Campbell and Josephine Musumeci

Available from Early Childhood Australia (2005)
\$14.95 (inc. p&h) to order, freecall 1800 356 900

This is a recent publication from the excellent *Early Childhood Australia Research in Practice* series. This title addresses the issues of declining activity levels of Australian children and the increasing rates of childhood obesity.

The early sections of the book highlight the importance of early movement experiences, citing a growing body of research on the health risks facing inactive children. It stresses that the benefits are not just physical: being active aids 'healthy brain development' and 'psychological and emotional wellbeing'.

The authors go on to discuss some of the possible causes for declining levels of children's activity. There are many points that are sure to be discussion topics among educators and curriculum policy-makers. Potential factors include overcrowding of the school curriculum, increasingly sedentary lifestyles and, in particular, the increased consumption of food and drinks with high sugar and fat content.

The latter sections of the book provide a range of recommendations and guidelines for early childhood educators and parents to assist them in promoting physical activity. There are also many practical activity ideas, ranging from suggestions on encouraging movement in young infants through to games to play with school-aged children.

This is an excellent resource for educators and parents. Much of the information and activity ideas is easily adaptable for inclusion in newsletters and information packs for families, and should provide rich material for debate and discussion.

Lee Jones

Café Enfield Childcare Centre

Active play for young children:

Are there cultural sensitivities?



Active play in children under the age of five is seen in Australia as an integral part of development and the programming in early childhood services. However, children's lifestyles have become increasingly sedentary. Australian children are watching an average of two and half hours of television each day (Salmon, Telford & Crawford, 2002), and more children are being driven instead of walking. In 2003 only 25 per cent of children in Melbourne walked to primary school—68 per cent went in 'mum's taxi' (Mees, 2000). These, among other factors, have led to the major issue of overweight children.

To families from culturally and linguistically diverse (CALD) backgrounds, active play may not be a priority. Initial priorities for many newly arrived CALD families to Australia are to understand the culture of the country, learn English and access basic human rights such as accommodation, affordable and nutritious food, and employment. Therefore the physical development of children may be affected by these competing priorities.

Depending on their country of origin, many newly arrived families may not have been able to access early childhood services. Some children may have been able to play freely outdoors until they started school. Others, especially from war-torn countries or closely settled cities, may have had restricted access to outdoor play. Some may have been in refugee camps or detention centres in Australia for many years. Families who have lived here longer are likely to have understanding of, and the ability to access, a better range of early childhood services that encourage and promote active play.

Some of the key issues for CALD families may include:

Safety

Since September 11, 2001 there has been an increasing rise in racism and fear of terrorism. Accordingly, the perceived and real safety issues for Muslim women and children has in some cases severely restricted their access to public places, such as playgrounds and parks. Many families who live in public housing estates fear using the playgrounds because of safety concerns and bullying (Darebin City Council, 2003).

Cultural and religious issues

Girls and boys in some cultural and religious groups are raised quite differently. Girls, from a young age, are discouraged from socialising with boys, therefore limiting the type of physical outdoor activities in which they can participate. In some patriarchal societies, including traditional Muslim and tribal cultures, young girls stay close to their mothers, learning the female roles of housekeeping and care. In certain more traditional Muslim communities, music, singing and dancing—even for preschool-aged children—are prohibited, which has implications for early childhood programs.

Grandparent care

The increase in the number of women in the workforce has led to a growing reliance on grandparents to care for and raise grandchildren. According to the Australian Bureau of Statistics, in 2003, nearly a quarter of children under the age of four were cared for by grandparents (cited in Goodfellow, 2003).

In a study of 40 CALD grandmothers who cared for their preschool-aged grandchildren many expressed difficulty in caring, particularly in taking their charges out of the house and to a park or playground. They were afraid that the children might hurt themselves or run away, and that they would not be able to catch them, so they preferred to keep them inside the home and, mainly, in front of a television (Drysedale & Yaman, 2000).

Family structure and size

Many refugee single mothers who come to Australia under the Women at Risk category may have up to nine or more children. This imposes severe limits on movement around the community due to perhaps not having access to cars and the logistics and cost of using public transport.

Health issues

Some young Muslim children who are not accessing outdoor environments or are well covered are getting too little sun exposure, therefore not gaining enough Vitamin D and are consequently developing Ricketts (Nowson & Margerison 2001).

Family income

New refugees and migrants to Australia take time to establish themselves. Their access to an income maybe limited and Centrelink pensions their only form of income—therefore the purchasing of toys, bikes and games would not necessarily be a priority.

Promoting good early childhood practice

- **Building relationships with parents:**
building strong relationships and trust with families is important when it comes to discussing more sensitive issues. Active play may be a sensitive issue for some traditional cultural groups.
- **Explaining the benefits of active play to families:**
some families may not know why active play is important to children's development; to their development of self-confidence, movement skills, social skills and to their expression of feelings and emotions. This can be overcome by providing information to parents that is translated, or provide access to bilingual staff who are able to interpret information for families. It is also important that children are dressed comfortably for active play.
- **Culturally sensitive ways of providing active play:**
it may be appropriate to have a discussion with families who do not encourage active play for girls, to work out what may be acceptable within the children's service environment. It may be a game of musical chairs, ball games, 'Simon Says' or 'Follow the Leader' that could incorporate some physical movements.
- **Incorporating more active play within the program:**
as children are now spending many hours of the day in some form of children's service the importance of providing both structured and unstructured active play is increased. Ensure activities are provided so that children of all abilities are able to participate successfully, but can still be challenged.

In research for this article, three women from different cultural groups were asked for their thoughts on the cultural sensitivities of active play for children within their own communities.

Chinese families

Barriers to active play:

- Language
- Transport issues
- Lack of knowledge about the local services
- Motivation.

Parents see it is important to take their children outdoors so are starting to use playgrounds and parks and enrolling in children's services.

Comment:

'Children are more independent and have more free play in Australia.'

Christy Guo, Chinese Cultural Consultant from Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG).

Somali families

In Somalia:

- not many toys were available so active play occurred around the neighbourhood
- all neighbours were 'Aunties' and would watch out for the small children.

In Australia:

- children are encouraged to stay indoors and watch television or play with toys
- many single mothers with large families find it too difficult to take them outside or they are too busy
- families in public housing fear drug users and needles in the playgrounds.

Malyun Ahmed, Social Worker, Migrant Resource Centre, Preston.

Iraqi families

In Iraq:

- children played outside watched over by other adults in the street
- following the war, children are kept inside because of the danger.

In Australia:

- indoor games and television are preferred
- families tend to buy toys that are indoor focused
- mothers only take their children to the park if there is a group of women going.

Safa Al-Kafaf, Iraqi Playgroup Leader (VICSEG).

Creina Porter

State coordinator of Early Childhood Services for the *Kids go for your life* program, sponsored by Diabetes Australia (Victoria) and The Cancer Council of Victoria.

Gabrielle Fakhri

Program Consultant for the Victorian Cooperative on Children's Services for Ethnic Groups.

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Children, backpacks and computers

From a very early age, children like to display their developing strength. We see this in early examples of little children trying to pick up and carry their younger brothers and sisters, and demonstrating how their muscles are growing. Part of growing up is the growth of muscles, ligaments and bones. Factors such as heredity, nutrition, hormones and strength all play an important role in ensuring growth and development of the musculoskeletal system (Bernhardt, 1988). The dynamic forces created through physical activity have a significant effect upon bone-modelling (Margulies et al., 1986). So we know that physical activity is of great importance to the developing child; thus we must be sure that such activity is not limited to one or two groups of muscles, or too strong for the power and coordination of the existing muscle.

Backpacks

Schools often have a uniform requirement, with backpacks which may carry the school badge or a preference in colour. Some children are very keen on strongly-marketed brand names. These bags are often quite expensive and may have a tendency to allow for some growth as an economic measure. This can be quite detrimental to the growing child. Carrying excessive weight in poorly-designed school bags can accelerate the onset of related pain and spinal injury. The recommended maximum weight for a child to carry is 10 per cent of their body weight. This weight should be carried with the heaviest items closest to the body and with the supporting straps done up to prevent sagging from the back. The base of the bag should not be below the line of the hips. These recommendations followed a study by the University of South Australia and a five-year longitudinal study by the Centre for Allied Health, which resulted in the PhysiopakII being the only backpack endorsed by the Australian Physiotherapy Association (APA).



On starting kindergarten, many children use a backpack and will often add some of their own items to the pack. At this time, we should encourage the child to wear the backpack correctly—with a strap over each shoulder—and to unpack it at the end of the day, ready to be repacked the next day. This begins the early training of not just adding extra items in the bag, but making sure that each item is necessary for the day—and overcoming the messy business of stale fruit in the bottom of the bag!

The problem at upper-primary and high school level is compounded by the number of books which young people require during the day—there must be more discussion in schools about limiting this as much as possible. Repacking each night can also be a useful way of making sure that there is no forgotten weight in the bag.

Computers

Children are starting to use computers at increasingly younger ages. Many children have access to a computer at home, and playing games is a favourite pastime. There are a few points of positioning which can prevent back and shoulder stiffness and eye strain.



The computer should be positioned so that the screen is on a slight angle just below eye level. The child should be seated comfortably, directly in front of the computer, on a chair which allows their feet to be flat on the ground (or they should be provided with a footstool to allow for the correct support of the feet). If the child is working on the computer for any length of time, they should be encouraged to do some shoulder-shrugging, arm-circling, shoulder and elbow retraction, and some gentle shaking of the wrists and fingers to overcome the static positions of these joints while computing.

Conclusion

The importance of caring for and protecting young children's developing bodies cannot be underestimated—it is vital we continually evaluate the impact of daily activities on this development.

Susan Charlton

APA Paediatric Physiotherapist
South Australia

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Currently there is research being funded by the National Health and Medical Research Council into the use of computers by children. A list of guidelines on safe use will be available by the end of 2006.

For more information, contact Leon Straker:
LStraker@curtin.edu.au

Create
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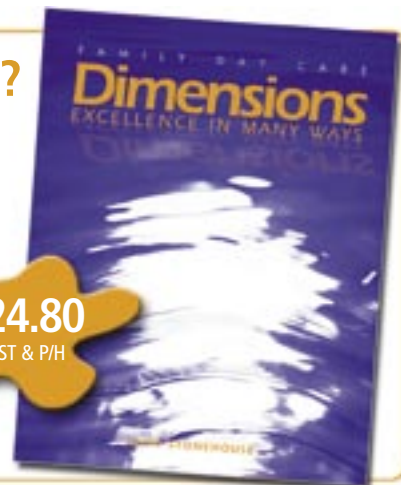


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Recipe for success:

Early childhood practitioners promoting healthy weight

Lesley King, Deanna Pagnini and Rachel Wilkenfeld from the NSW Centre for Overweight and Obesity discuss the disturbing trends in children's eating habits and suggest helpful ways we can work together to educate and promote more healthy diets.

The number of Australian children who are overweight or obese is high and rising rapidly, with about one in five school-aged children and adolescents currently overweight or obese. There is currently no national data on the weight status of children under five years old. However, the annual pre-school health assessment of four-year olds in South Australia shows that there has been a significant increase in the rates of overweight and obesity in children over the period 1995 to 2002. At the end of this period, in 2002, it was found that 21 per cent of females and 17 per cent of males were overweight or obese (Vaska & Volkmer, 2004).

Health risks

Being overweight is not just an issue of appearance. Obesity poses serious risks to a child's health. It is associated with asthma, diabetes, high blood pressure, raised cholesterol levels, fatty liver and bone and joint problems. Childhood overweight and obesity often persists into adulthood, increasing later risks of illness and early death (Lobstein et al., 2004).

Changing physical activity and eating patterns

Weight gain occurs when the energy used is less than the energy consumed from eating and drinking over a period of time. Children need energy balance at a level that supports normal growth, without promoting excess weight gain. The rapid increase in the prevalence of overweight and obesity in the last 20 years can only be due to significant changes in both physical activity and eating patterns. Research shows that Australian children now eat more high-fat foods and sugary drinks than previously (Gill et al., 2005); and as much as nearly one third of the energy intake of an 18-month-old

child comes from extra foods, including sugar sweetened drinks, biscuits, chips etc. (Webb et al., in press).

These changes in physical activity and eating patterns have occurred in association with changes in our social and physical environments. Our current environment has been described as 'obesogenic'—it fosters overweight and obesity in both children and adults.

What can we do?

Australian and international policy documents on the topic of overweight and obesity make it clear that many different groups—including government, community members, agencies and industry—need to be involved in addressing the problem (see, for example, *Healthy Weight 2008*, the National Obesity TaskForce). The early childhood sector is one such key group.

In a recent study, the NSW Centre for Overweight and Obesity interviewed directors and staff from a number of childcare and preschool settings to find out their approach to the issue of overweight and obesity in children (NSW Centre for Overweight and Obesity, in press). The research shows that childcare and preschool staff realise that they have a critical contribution to make in encouraging healthy habits and in supporting parents.

Childcare and preschool settings can play a role in promoting healthy bodies through their curriculum and education, by providing environments that support healthy choices, and with facilities and policies that encourage physical activity and good nutrition. For example, food experiences can be used as a teaching tool and playing with games, books and puzzles can generate teachable moments on health topics. Beyond the curriculum, children also learn from modelling, making childcare staff and parents significant role models.

We use our mealtimes to discuss what meal we've got, why we eat those types of foods, how they make us feel, the energy they give, what's important to help our bodies grow and stay healthy. Also, while we're outside, running and playing games, why it's good to run around and why we need to rest our bodies as well.

Sydney childcare staff member

Provision of healthy food and drinks

In terms of practical food provision, centres can serve low-fat milk and dairy foods to children over two years old (based on NHMRC Nutrition Guidelines, 2003) and serve milk or water rather than juice. Services that have policies or guidelines on what food and drinks children may bring to the setting find it easier to give clear feedback to parents and limit 'junk foods'.

Working in partnership with parents

Childcare staff in our study expressed their commitment to working in partnership with parents and recognised how their physical activity and food programs supported busy parents. While there were occasions when it was important to discuss issues related to food, activity or weight sensitively and privately with individual parents, staff also found that general policies and communications were a good way of ensuring the centres could maintain a healthy environment.

Newsletters, handouts and similar communications were often used to inform parents about a centre's policies and practices, as well as to provide information parents might not otherwise be aware of. For example, many parents may not be aware that children need to learn to regulate their appetite, and know when they are 'full': which means that it is better not to insist that they always eat everything served to them. At the same time, children learn to like new foods slowly, so that it takes as many as eight or more 'tries' before it is clear whether they really like or dislike a new food. Parents can be encouraged to be actively involved in playing with their children, and reinforce their child's learning of movement skills through dance and games, at home as well as at child care and preschool.

Childcare and preschool services are already doing a great deal to support parents and nurture healthy children. However, staff and directors also believe that they could benefit from further professional education and easy access to quality resources, as well as support from local health professionals. We are committed to disseminating the results of this research to the child care and health sectors, to

foster further collaboration and action on this significant issue.

Lesley King, Deanna Pagnini and Rachel Wilkenfeld

NSW Centre for Overweight and Obesity
(funded by NSW Health)
University of Sydney

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SCHOLARSHIP

JEAN DENTON & LILLIAN DE LISSA SCHOLARSHIPS COMMITTEE THE JEAN DENTON MEMORIAL SCHOLARSHIP

(up to a maximum of \$16,000: tax exempt)

This Scholarship fund was established by the Kindergarten Union of South Australia in 1977 and is now administered by the Jean Denton & Lillian de Lissa Scholarships Committee and the Public Trustee.

Applicants are invited for the Jean Denton Memorial Scholarship. The purpose of the scholarship is to advance knowledge in early childhood education. The scholarship is available to any person or persons working in Australia.

The scholarship is for postgraduate studies or advanced research either within or outside Australia, the purpose or the benefit of which will be applied in the early childhood area within Australia. The scholarship is granted for a one year period.

APPLICATIONS MUST BE MADE ON THE APPLICATION FORM

Enquiries and application form requests can be directed to:

Carol Thompson
Email: carolt@senet.com.au
Telephone: 08 8337 7195

Closing date: Close of Business 6 October, 2006
No extensions will be given.

Hop on board a WALKING SCHOOL BUS



Photographs courtesy of WA's
TravelSmart Walking School Bus initiative



Governments and communities are getting together to promote healthy ways for children to travel to school. One concept that is gaining in popularity is the Walking School Bus™ which offers many benefits for the whole community, including:

- a safe and convenient way for children to travel to school
- improvement of health and wellbeing through walking and talking
- an opportunity for children to learn road sense and traffic safety
- easing of traffic congestion around schools
- reduction of car emissions and pollution
- opportunities for children and parents to develop friendships and a sense of place and community in their neighbourhood.

This TravelSmart initiative is coordinated by the Australian Government's Department of the Environment and Heritage, in collaboration with the state and territory governments to provide real travel options other than the family car.

What is the Walking School Bus?

A Walking School Bus is a school bus powered not by an engine, but by legs. The bus travels along a set route, to and from school, picking up 'passengers' at designated 'bus stops'. The bus has an adult 'driver' at the front and 'conductor' at the rear.

The 'bus stops' can be meeting points along the route or at homes of the Walking School Bus participants. The process is reversed in the afternoon, led by the same or a different adult driver/supervisor. It can be flexible to suit the needs of families using it. The 'bus' can go as seldom or as often as parents want to 'drive' it and children want to use it.

Walking School Bus initiatives are voluntary and can be supported by parents, teachers, schools, local councils, or any interested community groups. The main ingredients for success are people with commitment and enthusiasm to involve others and get the bus moving.

Starting up

If you live in an area where there are no Walking School Bus programs in place, you may like to start one. A detailed guide is available at the TravelSmart website (www.travelsmart.gov.au).

The Walking School Bus in action

Nel Smit is a parent and a teacher at Taroona Primary School in Tasmania who ran a successful Walking School Bus. Here are her steps to get a Walking School Bus going in your area:

- Promote the idea in your school.
- Call for volunteer drivers, conductors and passengers through your school newsletter.
- Design the walking route. Choose a walking route that will capture the largest group of children and parent helpers. Taroona Primary School's route was 1km long and took just 30 minutes to complete. The local council was able to provide a map, and walked the route with the group to identify any safety issues which were then addressed.
- Make a timetable with all telephone numbers, including an emergency volunteer each day. Decide on the number of days each week.
- Hold a training session with 'drivers' and 'conductors' including route familiarisation, identification of bus stops, pick up times and road safety. The 'drivers' and 'conductors' on the bus wear safety vests and police checks are conducted on all volunteers.

Nel comments that the Walking School Bus has been a very positive community event and they continue to get lots of encouragement: 'one elderly resident en route "hailed" the bus last Christmas and presented all the children with gifts. It is a great way to develop social links, keep us healthy and in touch with our neighbourhood.'

Who to contact

For more information, or to get advice on starting up a Walking School Bus in your area please visit www.travelsmart.gov.au/schools or contact TravelSmart Australia on 1300 130 606.

Article provided by the Australian Greenhouse Office

Walking School Bus is a trademark of TravelSmart Australia.



Food allergy in children:

What to look out for, what to do and how to react

What is a food allergy?

A food allergy is an abnormal response by the immune system to the protein in a food. It is not unusual for a child with food allergies to be sensitive to more than one protein. In Australia, the most common allergens are egg, cow's milk, peanuts, tree nuts (such as cashews, almonds, hazelnuts and walnuts), sesame seeds, soy, wheat, fish and shellfish.

Symptoms of food allergy may affect the skin (eczema, hives, swelling, itching or localised swelling of the lips, tongue or mouth), stomach and bowel (vomiting, diarrhea, reflux and colic), and respiratory system (wheeze, runny nose). Allergic symptoms can begin within minutes of eating the food, but some symptoms may not occur for 24 hours.

Although rare, food allergy can result in severe symptoms requiring urgent medical attention. Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening—it is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular). A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening. Anaphylaxis must be treated as a medical emergency, requiring immediate treatment.

Non-allergic food reactions

Not all reactions to foods are caused by allergies. Carbohydrate intolerance such as lactose intolerance is an inability to digest the natural sugar in milk. Food chemical intolerances are reactions to natural or artificial chemicals in a food (e.g. salicylates, amines, colouring or preservatives).

Causes

Allergies are becoming more common in our society. There are a lot of theories as to why this is so. We know that children inherit the

Cow's milk allergy

Although less common than egg allergy, cow's milk allergy is often the first to show itself in babies. This is because standard infant formulas are based on cow's milk protein.

For children with skin conditions, a soy-based infant formula is often well tolerated. Infants with gut allergies may also be allergic to soy and will need a specialised infant formula based on modified protein.

Children with cow's milk allergy have a 95 per cent chance that they will react to goat's milk formula as well, so this should also be avoided. Partially hydrolysed (HA) formulas are not suitable to treat a baby with a cow's milk allergy.

As cow's milk forms a substantial part of a child's diet, it is important that it is not restricted unnecessarily—and that appropriate amounts of milk substitute are consumed.

tendency to develop allergies from their parents—so a child is more likely to develop an allergy if one or both parents has, for example, eczema, asthma or hay fever. Some babies can become sensitised to food proteins even before they start solids, due to exposure through their mother's breast milk.

Management and Treatment

Food allergies are managed by careful avoidance of the offending food protein—it is important to read food labels to look for hidden sources of allergens.

It is also very important that food allergies are diagnosed correctly, and are reviewed regularly by a qualified allergist to avoid unnecessary restrictions to diets at a time when children are growing and developing quickly. An accredited practising dietitian with experience in paediatrics can also provide individually-tailored advice to help meet the changing dietary needs of children.

Duration

Most children outgrow their food allergies by the time they are at school, with the exception of nut and seafood allergies, which can be life long.

Merryn Netting, APD

Senior Dietitian
Nutrition Department
Children, Youth and Women's Health Service

Useful websites

Anaphylaxis Australia: www.allergyfacts.org.au
Australasian Society of Clinical Immunology and Allergy: www.allergy.org.au

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Joan Fry, OBE 1920–2006

Former early childhood educator and preschool consultant to the federal government



Children's services in Australia recently lost an exceptional pioneer. Joan Fry's working life was dedicated to educating teachers to work in child care centres and to raising community awareness of the need for government funding and standards to ensure children have access to quality programs.

Joan Fry was a former student and later the principal of the Nursery School Teacher's College (NSTC) in Sydney. This college was owned and operated by SDN Children's Services Inc (formerly known as the Sydney Day Nursery and Nursery Schools Association) from 1935 until 1973, when it became a college of advanced education.

One of four children, Joan spent her early childhood years with her family in a survey camp along the banks of the Murray River between Wentworth and Euston. Her father, a surveyor, was a significant role model. She admired his compassionate attitude, determination and political acumen. After leaving school, it was more her desire to study psychology rather than the wish to be a teacher that first attracted her to NSTC. 'I wanted to find out more about people,' she said. On completing teacher training Joan was appointed to a group of 25 two-year-old children at the SDN Woolloomooloo Day Care Centre.

These were the war years and most families in this inner-Sydney suburb lived in single rooms without running water. In later years, Joan often spoke of the admiration she had for those Woolloomooloo families. Reflecting on the negative community attitudes at that time, she said, 'Child care centres were considered socially unacceptable places where children of the poor, single and unfortunate, were kept off the streets while their mothers worked.' By the end of her career, access to childcare centres for children whose parents chose to work had become a right in Australia and part of government policy.

A Thyne Reid Travelling Scholarship enabled Joan Fry to go to England in 1947 where she studied child development at London University. On returning home she became a lecturer at the NSTC and soon became its

principal. During her 25 years of leadership, the NSTC grew in size and reputation—from a small fee-paying college to a highly-regarded early childhood college of advanced education with a specialisation in the care and education of children attending long day care centres. Apart from Denmark, Australia was the only country in the world at that time to employ teachers to work in day care.

During her career, Joan Fry served on many committees where she took every opportunity to enhance community awareness of the importance of the first five years of life to a child's later wellbeing.

Quality childcare programs, she said, were achievable when children were cared for in small groups by trained early childhood teachers. She was concerned about the cumulative effects of stressful experiences on young children who spend extended hours at childcare centres. She emphasised the need to focus on the educative opportunities that occur as children's needs are met throughout the day and the importance of the overall environment where the care is provided.

Within the wider early childhood field, including the Australian Preschool Association (APA)—later to become Early Childhood Australia—Joan won acceptance and admiration as an advocate for quality care and for her concern for early childhood teacher education. From 1960 until early 1973 Joan regularly represented the SDN and APA in approaches to state and federal governments in relation to funding and other issues. She was an engaging speaker.

In the late 1960s Joan Fry had a 'chance encounter' with John Gorton through her membership of the Institute of Educational Research. She pointed out that early childhood teacher education throughout Australia could not continue to meet the community demand for trained teachers unless the federal government took responsibility for its funding. The APA then took up the issue on a national basis. The eventual outcome was that all the established early childhood colleges throughout Australia have since become part of the university sector, having been either upgraded or replaced with new buildings.

In 1973 Joan Fry was appointed chairperson of the Australian Preschool Committee in Canberra. The committee was asked by the government to report on the future preschool needs of children in Australia and recommend a model that would provide all children with one year of preschool, similar to what was then provided in Canberra. The subsequent report, *Care and Education of Children in Australia*, attracted criticism from politically-active women's groups. They argued that the report failed to adequately address future childcare needs and funding. The report was never acted upon. Joan then became a full-time member of the Interim Committee for the Establishment of a Children's Commission. When a change of government led to the abandonment of this committee, Joan was appointed as Assistant Secretary for the Education and Planning Group within the Commonwealth Department of Education. She was also the early childhood education consultant and ethnic liaison officer within that department.

Joan's work was recognised in 1980 when the Queen conferred on her the award of an OBE. Joan Fry retired in 1982. She lived quietly in Canberra until her death, aged 85 years. She was a true advocate of quality child care.

Adrienne Miles is a former student and lecturer at the Nursery School Teachers College and now a member of the History Committee of SDN Children's Services Inc.

The information and photograph used in this obituary were obtained from the SDN Children's Services archives. To learn more about SDN please visit www.sdn.org.au or contact 02 9699 9311.

Children of families seeking asylum: The need to be vigilant about their rights

The claim for asylum in Australia by a group of West Papuan refugees, and the Australian Government's decision to process their applications at an off-shore facility reminds us of the need to be vigilant about the plight of children whose families are seeking asylum.

Refugee children share certain rights with all people, and have additional rights as children and as refugees. The UN *Convention on the Rights of the Child* provides a comprehensive framework to guide the development of policy and practices that relate to children. The Early Childhood Australia position paper on children of asylum seekers provides advice about what needs to be considered in the development of policy and practice to ensure appropriate protection and assistance for refugee children.

What follows are excerpts from the ECA Position Paper about the children of asylum seekers.

Children's needs must not be addressed in isolation. Children's needs are normally met most effectively within the context of family and community. Moreover a child's welfare is closely linked to the health and security of the primary caregiver, who is usually the mother. It is therefore necessary to strengthen the capacities of refugee families to meet their own needs and improve the participation and situation of refugee women, thereby contributing significantly to the welfare of their children.

Australia is a signatory to the United Nations *Convention on the Rights of the Child*. Article 37 of the Convention states that holding children in detention shall be used as a measure of last resort and only for the shortest time possible.

Pam Cahir

Chief Executive Officer
Early Childhood Australia

Principles

In order to support the best interests of children, the following principles should be applied to all policies and practices that relate to children of asylum seekers and children of refugees:

- **Best interests:** in all actions concerning children, the human rights of the child are to be given primary consideration.
- **Non-discrimination:** refugee children and children of asylum seekers are entitled to the same treatment and rights as other Australian children.
- **Family unity:** preserving and restoring family unity are of fundamental concern.
- **Family support:** actions to benefit refugee children and children of asylum seekers should be directed primarily at enabling their primary caregivers to fulfill their principal responsibility to meet their children's needs.
- **Family participation:** where the special needs of refugee children and children of asylum seekers can only be met effectively through child-focused activities, these should be carried out with the full participation of their families and communities.
- **Separated children:** unaccompanied refugee children must be the particular focus of protection and care.
- **Cultural support:** the provision of child care, health care and education for refugee children and children of asylum seekers should reflect their linguistic and cultural needs.
- **Interpretation:** families should be provided with suitable interpreters who speak their preferred language whenever they are interviewed or require access to services.
- **Confidentiality:** care must be taken to maintain the confidentiality of information provided by children. There should be no disclosure of information that could endanger or compromise the child's family in Australia or their home country.
- **Staff training:** those working with refugee children should receive appropriate training on the needs of refugee children.

The full position paper is available at
www.earlychildhoodaustralia.org.au/read_our_policies/children_of_asylum_seekers.html

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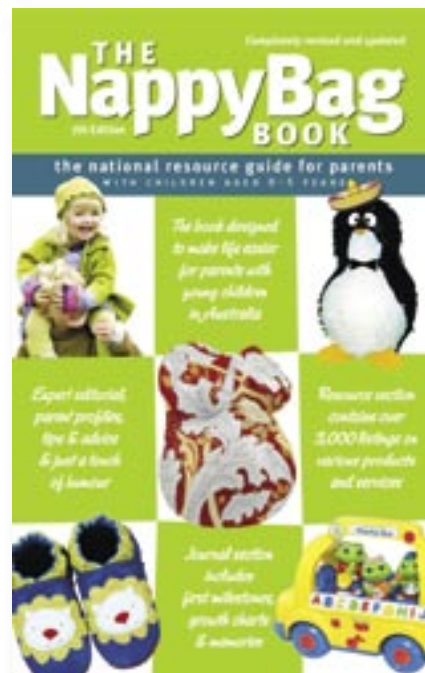
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